

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

ENTERED

Permit #:	16-0426
Date:	11-15-16
Amount Paid:	\$150 11-15-16
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> STANDARD USE		<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		DAVID H & REBEKAH J BEATTIE		Mailing Address: 4101 SUMMIT RD		City/State/Zip: ASHWAUO WI 54806		Telephone: 715 209 1034	
Address of Property:		4150 CTY HWT H		City/State/Zip: 1400 KEVERLE DR		City/State/Zip: 54817		Cell Phone: 209 1034	
Contractor:		ARNO GUSKE CONSTRUCTION		Contractor Phone: 715 209 1034		Plumber:		Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		ARNO GUSKE		Agent Phone: 715 209 1034		Agent Mailing Address (include City/State/Zip): 2405 CAMIBEL DR		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-		Recorded Document (i.e. Property Ownership) Volume		Page(s)	
Sub 1/4, SE 1/4		Gov't Lot 2		Lots 1		CSM 770		Vol & Page 5.92	
Section 33, Township 47 N, Range 8 W		Town of: FLOW ROCK		Lot(s) No. 2		Block(s) No.		Subdivision: LEOTAU	
Acreage 2.85		Lot Size		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue →	Distance Structure is from Shoreline: 20 feet
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance Structure is from Shoreline: feet

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 25K including stump removal	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: Septic	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)		
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> Portable (w/service contract)		
	<input type="checkbox"/> Foundation	<input type="checkbox"/> Deck	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

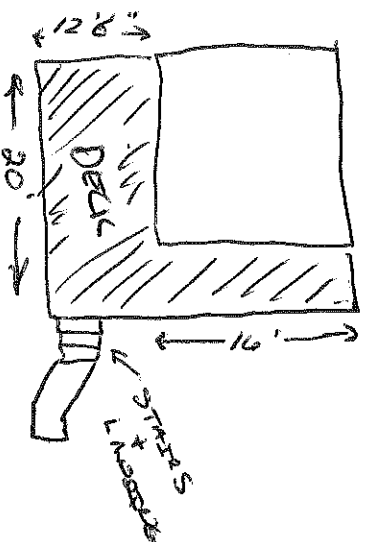
Proposed Use	Proposed Structure	Dimensions	Squared Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X)	
	with Loft	(X)	
	with a Porch	(X)	
	with (2 nd) Porch	(X)	
	with a Deck	(X)	
	with (2 nd) Deck	(X)	
<input type="checkbox"/> Commercial Use	with Attached Garage	(X)	
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	(X)	
	Mobile Home (manufactured date)	(X)	
	Addition/Alteration (specify) DECK 20x13 + 6x16	(X)	356
	Accessory Building (specify)	(X)	
	Accessory Building Addition/Alteration (specify)	(X)	
<input type="checkbox"/> Municipal Use	Special Use: (explain)	(X)	
	Conditional Use: (explain)	(X)	
	Other: (explain)	(X)	
Rec'd for Issuance			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
including the application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.
Secretary's Stamp

Owner(s):	Date: 5-11-2015
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)	
Authorized Agent:	Date: 5-11-2015
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)	
Address to send permit	2405 CAMIBEL DR ASHWAUO WI 54806

below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



NEWSMARTNEY SYSTEM (TANK ONLY) REQUIRED PRIOR TO APPROVAL

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	100 Feet	Setback from the Lake (ordinary high-water mark)	25 Feet
Setback from the Established Right-of-Way	400 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	15.90 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	40 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	200 Feet	20% Slope Area on property	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	150 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	50 Feet	Setback to Well	20 Feet
Setback to Drain Field	— Feet		
Setback to Privy (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 15-1075	# of bedrooms: 4	Sanitary Date: 8-31-15			
Permit Denied (Date):		Reason for Denial:					
Permit #: 16-0426	Permit Date: 11-15-16						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Deed of Record	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Used of Record)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)				
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Case #:				
Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ATF					
Inspection Record: ATF	2 acres w/in 300 Ft of stream. not 150						
Date of Inspection: 5-21-15	Inspected by: J. CROSBY-MURPHY						
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached)							
Septic Tank ATF BE REPAIRED WITH 2 YEARS FROM THE DATE OF SANITARY PERMIT ISSUANCE							
Signature of Inspector: [Signature]		Date of Approval: 9-15-15					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>				

ATF
Pd 11-15-18

SUBMIT - COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
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Washburn, WI 54891
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INSTRUCTIONS: No permits will be issued until all fees are paid.
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DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Rec'd: 01/24/2016
RECEIVED

ENTERED
Permit #: 16-0481
Date: 11-17-16
Amount Paid: 300
Refund: 50
11-17-16

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: GERALD DARGARD
Address of Property: 10535 AUGUS LAKE RD
City/State/Zip: IRON RIVER WISCONSIN 54847
Telephone: 932 250492
Cell Phone: 715-634-5111

Contractor: Amicus Homes of Hayward
Authorized Agent: (Peterson Signing Application on behalf of Owner(s))
Contractor Phone: 715-334-5322
Agent Phone: 715-634-5111
Plumber: Butcher Field Inc.
Agent Mailing Address (include City/State/Zip):

PROJECT LOCATION: 10535 AUGUS LAKE RD
Legal Description: (Use Tax Statement) 24-175 (digs) TAX ID # 19213
Gov't Lot: Lot(s): CSM: Vol & Page: Lot(s) No.: Block(s) No.: Subdivision:
Section 10, Township 47 N, Range 8 W, Town of: Iron River

Distance Structure is from Shoreline: 205 feet
Distance Structure is from Floodplain Zone: 205 feet
Is Property in Floodplain Zone? ☒ No ☐ Yes
Are Wetlands Present? ☒ No ☐ Yes

Value at Time of Completion: \$100,000
Project: New Construction
of Stories and/or basement: 1-Story
Use: Seasonal
of bedrooms: 1
What Type of Sewer/Sanitary System is on the property? Municipal/City
Water: ☒ City ☐ Well

☒ Addition/Aleration
☐ Conversion
☐ Relocate (existing bldg)
☐ Run a Business on Property
☒ Foundation
☐ None

Existing Structure: (if permit being applied for is relevant to it)
Proposed Construction: Length: 82 Width: 23 Height: 16

Proposed Use: ☒ Residential Use
☐ Commercial Use
☐ Municipal Use

Principal Structure (first structure on property)
Residence (i.e. cabin, hunting shack, etc.)
with Loft
with a Porch
with (2nd) Porch
with a Deck
with (2nd) Deck
with Attached Garage
Mobile Home (manufactured date)
Addition/Aleration (specify)
Accessory Building (specify)
Accessory Building Addition/Aleration (specify)
Special Use: (explain)
Conditional Use: (explain)
Other: (explain)

Dimensions: 12 x 12, 12 x 36, 24 x 24
Square Footage: 144, 432, 672

I (we) declare that this application (including any accompanying information) has been examined by me (us) to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property for any reasonable time for the purpose of inspection.

Owner(s): Gerald Dargard
(If there are Multiple Owners listed on the deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 10535 AUGUS LAKE RD IRON RIVER WI 54847

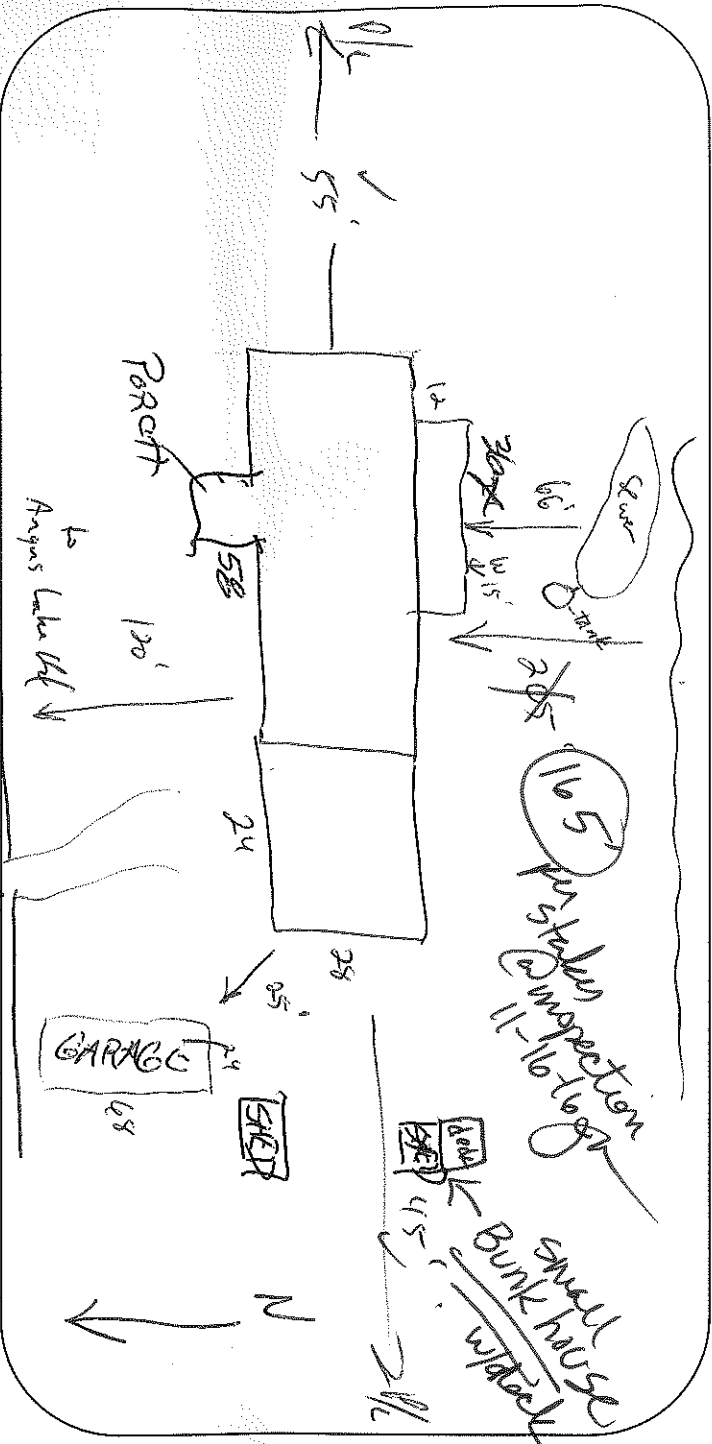
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

- (1) **Show Location of:**
- (2) Show / Indicate:
- (3) Show Location of (*):
- (4) Show:
- (5) Show:
- (6) Show any (*):
- (7) Show any (*):

North (N) on Plot Plan

- (*) Driveway and (*) Frontage Road (Name Frontage Road)
 All Existing Structures on your Property
 (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 (*) Wetlands; or (*) Slopes over 20%



#10535

Angus Lake Rd

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	120'	Setback from the Lake (ordinary high-water mark)	25' 16" Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	7' Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	120' Feet		
Setback from the South Lot Line	145' 20" Feet	Setback from Wetland	0' Feet
Setback from the West Lot Line	45' Feet	20% Slope Area on property	<input type="checkbox"/> Yes: <input checked="" type="checkbox"/> No
Setback from the East Lot Line	55' Feet	Elevation of Floodplain	—' Feet
Setback to Septic Tank or Holding Tank	66' Feet	Setback to Well	15' Feet
Setback to Drain Field	80' Feet		
Setback to Privy (Portable, Composting)	—' Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement of concrete for the structure, more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which this setback must be measured must be visible from any previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the corner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

The local town, village, city, state or federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #:	Permit Date:			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:	Previous/Granted by Variance (B.O.A.)		
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No		

Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: <i>checked to make sure the garage was not being used for violation. Small building has been there since before zoning. Meets building requirements. property owner should</i>			
Date of Inspection:	<i>11-1-11</i>	Inspected by: <i>(Signature)</i>	Date of Re-Inspection:
Zoning District ()		Zoning District ()	
Halls Classification ()		Halls Classification ()	

Condition(s) Town, Committee or Board Conditions Attached?	Yes	No (If No they need to be attached.)
1. 6-10		Yes
2. 11-12		No
3. 13-14		No
4. 15-16		No
5. 17-18		No
6. 19-20		No
7. 21-22		No
8. 23-24		No
9. 25-26		No
10. 27-28		No
11. 29-30		No
12. 31-32		No
13. 33-34		No
14. 35-36		No
15. 37-38		No
16. 39-40		No
17. 41-42		No
18. 43-44		No
19. 45-46		No
20. 47-48		No
21. 49-50		No
22. 51-52		No
23. 53-54		No
24. 55-56		No
25. 57-58		No
26. 59-60		No
27. 61-62		No
28. 63-64		No
29. 65-66		No
30. 67-68		No
31. 69-70		No
32. 71-72		No
33. 73-74		No
34. 75-76		No
35. 77-78		No
36. 79-80		No
37. 81-82		No
38. 83-84		No
39. 85-86		No
40. 87-88		No
41. 89-90		No
42. 91-92		No
43. 93-94		No
44. 95-96		No
45. 97-98		No
46. 99-100		No
47. 101-102		No
48. 103-104		No
49. 105-106		No
50. 107-108		No
51. 109-110		No
52. 111-112		No
53. 113-114		No
54. 115-116		No
55. 117-118		No
56. 119-120		No
57. 121-122		No
58. 123-124		No
59. 125-126		No
60. 127-128		No
61. 129-130		No
62. 131-132		No
63. 133-134		No
64. 135-136		No
65. 137-138		No
66. 139-140		No
67. 141-142		No
68. 143-144		No
69. 145-146		No
70. 147-148		No
71. 149-150		No
72. 151-152		No
73. 153-154		No
74. 155-156		No
75. 157-158		No
76. 159-160		No
77. 161-162		No
78. 163-164		No
79. 165-166		No
80. 167-168		No
81. 169-170		No
82. 171-172		No
83. 173-174		No
84. 175-176		No
85. 177-178		No
86. 179-180		No
87. 181-182		No
88. 183-184		No
89. 185-186		No
90. 187-188		No
91. 189-190		No
92. 191-192		No
93. 193-194		No
94. 195-196		No
95. 197-198		No
96. 199-200		No
97. 201-202		No
98. 203-204		No
99. 205-206		No
100. 207-208		No
101. 209-210		No
102. 211-212		No
103. 213-214		No
104. 215-216		No
105. 217-218		No
106. 219-220		No
107. 221-222		No
108. 223-224		No
109. 225-226		No
110. 227-228		No
111. 229-230		No
112. 231-232		No
113. 233-234		No
114. 235-236		No
115. 237-238		No
116. 239-240		No
117. 241-242		No
118. 243-244		

Required uniform ID vehicle code percent.
+ inspections shall be obtained + compliance with.

Signature of Inspector:

Hold For Sanitary:

Hold For TBA: ☐

Hold For Affidavit: ☐

Hold For Fees: ☐Date of Approval
11-17-11